



#6 41
EXPTC1)
PATENT
450100-02731
Amended
3.25.04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jun HIRAI
Serial No. : 09/670,869
Filed : September 27, 2000
For : SIGNAL RECEIVING APPARATUS AND METHOD AND
RECORDING MEDIUM
Examiner : Ted M. Wang
Art Unit : 2634

RECEIVED

MAR 18 2004

Technology Center 2600

745 Fifth Avenue
New York, New York 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 12, 2004

Gordon M. Kessler, Reg. No. 38,511

(Name of Applicant, Assignee or Registered Representative)

Gordon M. Kessler
Signature

March 12, 2004

Date of Signature

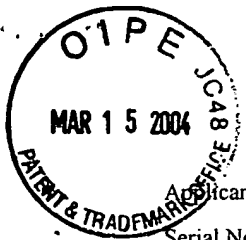
AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the outstanding Office Action dated November 13, 2003, a one-month extension of time being requested herein, please amend this application as follows:

03/16/2004 SDENB001 00000090 09670869
01 FC:1251 110.00 OP



PATENT
450100-02731

2634
8

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For : SIGNAL RECEIVING APPARATUS AND METHOD AND
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** =21	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** =6	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of ☐ additional claims ☒ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon M. Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon M. Kessler
Signature
March 12, 2004
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Gordon M. Kessler
Gordon M. Kessler
Reg. No. 38,511
Tel: 212-588-0800